

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov
November 23, 2009

MC
Hosp

MEDICAID BULLETIN

TO: Hospital Providers and Managed Care Providers

SUBJECT: 2010 Medicare Deductible, Coinsurance and Medicaid Blood Deductible Rates

The Department of Health and Human Services' payment for a dually eligible beneficiary is equal to the allowed amount minus the Medicare payment or the sum of the Coinsurance, Deductible, and Blood Deductible (up to 3 units), whichever is less. The Centers for Medicare and Medicaid Services (CMS) has published new amounts for patient's Deductible and Coinsurance. Effective with dates of service on or after January 1, 2010, the new rates are:

Inpatient Deductible	\$1,100.00
Outpatient Deductible	\$ 155.00
Medicaid Blood Deductible	\$ 100.00 per unit (not to exceed 3)
Inpatient Coinsurance	\$8,250.00 (per period of illness 61-90 days)
Outpatient Coinsurance	20% of Medicare's allowed charges

If you have any questions regarding this bulletin, please contact your Program Representative for Hospital Services at (803) 898-2665. Thank you for your continued support and participation in the South Carolina Medicaid program.

/S/
Emma Forkner
Director

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NOTE: To receive Medicaid bulletins by email, please register at <http://bulletin.scdhhs.gov/>. To sign up for Electronic funds Transfer of your Medicaid payment, please go to: <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic funds Transfer (EFT)" for instructions.